

PATENT PROSECUTION RECEIPT OF FILING

140369

Venable Filing Number

Atty. Docket No: 32164-235590

Title of Application: ELECTRONIC POSITIVE YARN FEEDING DEVICE

Application No: 10/590,242

Patent No. :

Attorney/LAA: RPA:cja

PTO Due Date: July 24, 2007

Current Date:

Filing Date: August 22, 2006

Issue Date:

The following items were received from Venable LLP, Washington, D.C., by the U.S. Patent & Trademark Office on the date stamped hereon:

U.S. PTO FEES ENCLOSED

- ☒ **Transmittal Form SB-21**
- ☒ **Fee Transmittal Form SB-17**
- ☐ New U.S. Patent Application
(☐ pages of specification/claims)
- ☐ Rule 53(d) Continued Prosecution Application
- ☐ Rule 53(b) Continuation or Divisional Application
(attach copy of specification, claims, drawings and declaration)
- ☐ U.S. National Stage Application of PCT Application
- ☐ Request for Continued Examination (RCE) under 37 CFR 1.114
- ☐ Application Data Sheet
- ☐ Substitute Specification
- ☐ Priority Document-Cert. Copy of
Appln.#: _____; Country: _____; Date Filed: _____
- ☐ Formal Drawings (☐ sheets, Figs.)
- ☒ **Inventor Declaration**
- ☐ Assignment w/Cover Sheet
- ☐ Response to Notice to File Missing Parts
- ☒ **Response to Notice to File Missing Requirements**
- ☒ **Yellow filing receipt**
- ☐ Information Disclosure Statement with cited references
- ☐ Response
- ☐ Amendment / Preliminary Amendment
- ☐ Petition/Request for Extension of Time (mo. ext.)
- ☐ Power of Attorney
- ☐ Petition to Revive
- ☐ Sequence Listing – CDR Enclosed? ☐ Yes ☐ No
- ☐ Appeal Brief (in triplicate) / Reply Brief (in triplicate)
- ☐ Request for Oral Hearing
- ☐ Confirmation of Hearing Petition
- ☐ Issue Fee Transmittal
- ☐ Certificate of Correction
- ☐ Maintenance Fee Transmittal
- ☐ Status Inquiry
- ☐ **Other:** (Please describe below)

_____	Filing Fee
_____	Search Fee
_____	Examination Fee
_____	Additional Claim Fee
_____	Extension Fee
_____	IDS Fee
_____	Recordation Fee
_____	Notice of Appeal Fee
_____	Brief on Appeal
_____	Oral Hearing Request Fee
_____	Petition Fee
_____	Issue Fee
_____	Publication Fee
_____	Other Fees (Describe)
130.00	Late Filing Fee
_____	_____
130.00	Total Fees Paid

Charge the above fees as follows:

- ☒ **USPTO Deposit Account No. 22-0261**
- ☐ **USPTO Deposit Account No.** _____
- ☐ **USPTO not to charge any Deposit Account**

Reviewed By:

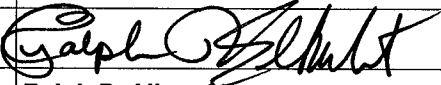
Signature of Attorney

Date

6/22/07

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1>TRANSMITTAL FORM</h1> <p><i>(to be used for all correspondence after initial filing)</i></p>		Application Number	10/590,242-Conf. #6891
		Filing Date	August 22, 2006
		First Named Inventor	Rolf Huss
		Art Unit	Not Yet Assigned
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission		Attorney Docket Number	32164-235590

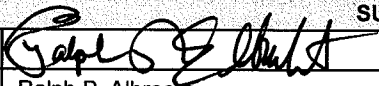
ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form SB-17	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC	
<input checked="" type="checkbox"/> Transmittal Form SB-21	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Yellow filing receipt	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD		
<input checked="" type="checkbox"/> Response to Notification of Missing Requirements	Remarks		
<input checked="" type="checkbox"/> Declaration			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	VENABLE LLP		
Signature			
Printed name	Ralph P. Albrecht		
Date	6/22/07	Reg. No.	43,466

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2007		Complete if Known Application Number 10/590,242-Conf. #6891 Filing Date August 22, 2006 First Named Inventor Rolf Huss Examiner Name Not Yet Assigned Art Unit Not Yet Assigned	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No. 32164-235590	
TOTAL AMOUNT OF PAYMENT (\$) 130.00			

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description	Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 (including Reissues)	50	25					
Each independent claim over 3 (including Reissues)	200	100					
Multiple dependent claims	360	180					
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
- = x =			Fee (\$) Fee Paid (\$)				
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
- = x =							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 = /50 = (round up to a whole number) x							
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1051 Surcharge-Late oath or declaration							130.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	43,466
Name (Print/Type)	Ralph P. Albrecht	Telephone	(703) 760-1681
		Date	6/22/07